



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-418-5515

# Hepatitis A, acute

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

DOH Use ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOH Classification  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Discrete onset of symptoms**

☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: \_\_\_\_\_

☐ ☐ ☐ ☐ **Pale stool, dark urine (jaundice)**

Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ **Nausea**

☐ ☐ ☐ ☐ **Vomiting**

☐ ☐ ☐ ☐ **Loss of appetite (anorexia)**

☐ ☐ ☐ ☐ **Fatigue**

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Complications, specify: \_\_\_\_\_

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

### Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Received any doses of hepatitis A vaccine

Number doses in past: \_\_\_\_\_

Year of last dose: \_\_\_\_\_

### Laboratory

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

P N I O NT

☐ ☐ ☐ ☐ ☐ **Hepatitis A IgM (anti-HAV)**

☐ ☐ ☐ ☐ ☐ **Serum aminotransferase (SGOT [AST] or  
SGPT [ALT]) elevated above normal**

## NOTES

**INFECTION TIMELINE****Enter jaundice onset date in heavy box.****Count forward and backward to figure probable exposure and contagious periods**

Days from onset:

**Exposure period**

-50

-15

Calendar dates:

o  
n  
s  
e  
t**Contagious period**

1+ weeks prior

to 1 week after jaundice onset\*

\* may be longer in children

**EXPOSURE (Refer to dates above)****Y N DK NA**

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Destinations/Dates: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Contact with confirmed or suspect hepatitis A case  
Nature of contact: ☐ Household member (non-sexual) ☐ Sex partner ☐ Child care by case  
☐ Babysitter for case ☐ Playmate ☐ Drug user  
☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ **Epidemiologic link to a lab confirmed case**
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Congregate living Type: \_\_\_\_\_  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Shellfish or seafood  
County/location collected: \_\_\_\_\_

☐ **Patient could not be interviewed**☐ **No risk factors or exposures could be identified****Most likely exposure/site:** \_\_\_\_\_**Site name/address:** \_\_\_\_\_**Where did exposure probably occur?** ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk**PATIENT PROPHYLAXIS / TREATMENT****PUBLIC HEALTH ISSUES****Y N DK NA**

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Agency/location: \_\_\_\_\_  
Specify type of donation: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Part of a common source outbreak:  
☐ Infected food worker  
☐ Food not from food worker  
☐ Waterborne ☐ Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Notify blood or tissue bank
- ☐ Prophylaxis of contacts recommended  
Number recommended prophylaxis: \_\_\_\_  
Number receiving prophylaxis: \_\_\_\_  
Number completing prophylaxis: \_\_\_\_
- ☐ Exclude case from sensitive occupations (HCW, food, child care) or situations (child care) until diarrhea ceases
- ☐ Test symptomatic contacts
- ☐ IG recommended to non-household contacts
- ☐ Public announcement recommended
- ☐ Restaurant inspection
- ☐ Other, specify: \_\_\_\_\_

**Investigator** \_\_\_\_\_ **Phone/email:** \_\_\_\_\_ **Investigation complete date** \_\_\_\_/\_\_\_\_/\_\_\_\_**Local health jurisdiction** \_\_\_\_\_ **Record complete date** \_\_\_\_/\_\_\_\_/\_\_\_\_